

**BUREAU OF OCCUPATIONAL LICENSES**  
**1109 Main St., Suite 220**  
**Boise, Idaho 83702-5642**

**APPLICATION FOR ORIGINAL ESTABLISHMENT LICENSE**

**Name of Establishment** \_\_\_\_\_

**Shop Location Address** \_\_\_\_\_  
street city state zip

**Mailing Address** \_\_\_\_\_  
street city state zip

(The Bureau maintains ONE mailing address for each person. The above will be your only mailing address with the Bureau & is not a public record. All mailed correspondence & documents from the Bureau regarding this application or any other application or license will be sent to you at this address.)

**Name of Shop Owner(s)** \_\_\_\_\_

**Social Security number** \_\_\_\_\_ **Business Employer Identification Number (E.I.N.)** \_\_\_\_\_

(If more than one owner, attach a separate sheet with all owner names & SS#s. Applications that do not include the owner(s) social security number(s) will be returned and the application will not be processed. Social Security numbers are required by § 73-122, Idaho Code on all applications for licensure.)

**Shop Phone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_ **E-mail** \_\_\_\_\_

I hereby make application for a ☐ **Barber Shop** license or a ☐ **Cosmetology Shop** license. The license will expire on the anniversary date of issue. The fee of \$50.00 is enclosed. Licenses are not be prorated for a partial year.

**Anticipated opening date** \_\_\_\_\_

(The appropriate shop license must be in your possession & conspicuously posted in the shop before offering services.)

**Has any Barber or Cosmetology establishment previously existed at this location?** ☐ **YES** ☐ **NO**

If YES, give business name \_\_\_\_\_, establishment license # \_\_\_\_\_, and owner's name \_\_\_\_\_.

If YES & the license is current, that license (marked "out of business" & signed by the previous owner), or a written statement from the previous owner surrendering ownership, must be submitted with this application,

**Does this application represent a change in location of your establishment?** ☐ **YES** ☐ **NO**

If YES, give business name \_\_\_\_\_, establishment license # \_\_\_\_\_, and former establishment address \_\_\_\_\_.

**AFFIDAVIT**

I hereby certify that the above named establishment meets the licensure requirements as outlined by Idaho Laws & Rules including: a working floor space of adequate dimensions within which to practice for each station; toilet facilities, including sink with hot & cold running water, conveniently located & accessible from within the building where the establishment is located; hot & cold running water & approved drainage system separate from the toilet facilities.

I further certify that I am familiar with the city/county planning & zoning regulations affecting the establishment listed above and that I assume all responsibility for their compliance.

I further certify that I authorize the continued operation of all contiguous establishments that may be currently licensed at this location.

I further certify that the information recorded hereon is correct to the best of my knowledge and belief.

\_\_\_\_\_  
**Printed name of owner(s) or authorized agent(s)**

\_\_\_\_\_  
**Signature of owner(s) or authorized agent(s)**

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public official signature  
my commission expires \_\_\_\_\_

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Page 2 of 2

## DIAGRAM INSTRUCTIONS

This application must include an accurate and detailed floor plan of the entire establishment area, drawn on a separate sheet of eight and one-half inch by eleven inch white paper. **The floor plan must include: all inside dimensions, total square footage, location of all stations, water sources, restrooms, access areas, and entrances.** If the establishment is located within a multi-tenet building or a private residence, please include a drawing of the complete building or residence showing all surrounding or adjacent rooms and the exact location of the shop area within the building or residence. The floor plan must include the exact measurements of the entire area to be licensed.

**CAUTION: Shops located within a residence must have a separate outside entrance leading directly into the shop.**

The State of Idaho Barber Laws and Rules may be downloaded at <https://www.ibol.idaho.gov/bar.htm>

The State of Idaho Cosmetology Laws and Rules may be downloaded at <https://www.ibol.idaho.gov/cos.htm>

**THIS APPLICATION WILL NOT BE PROCESSED IF IT IS NOT COMPLETE. THE COMPLETED APPLICATION MUST BE SUBMITTED WITH THE REQUIRED FLOOR PLAN & FEE.**

**You may address any questions to:**

**IDAHO STATE BOARD OF BARBER EXAMINERS**

**or**

**IDAHO STATE BOARD OF COSMETOLOGY**

**Bureau of Occupational Licenses**

**1109 Main St., Suite 220**

**Boise, Idaho 83702-5642**

**e-mail [shop@ibol.state.id.us](mailto:shop@ibol.state.id.us)**